

LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES February 8, 2007

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Daisy Aguirre	Cinderella Barrios-Cernik	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Al Ballesteros	David Bezar	Kyle Baker
Ruben Acosta	Douglas Frye	Anthony Bongiorno	Angela Boger
Diana Baumbauer	William Fuentes	Donna Brown	Rochelle Floyd
Carrie Broadus	Terry Goddard	Sharon Chamberlain	Maxine Franklin
Robert Butler	Precious Jackson	Lisa Fisher	Terina Keresoma
Mario Chavez	Jan King	Idabelle Fosse	Mary Orticke
Alicia Crews-Rhoden	Davyd McCoy	Christen Gibson	True Pawluck
Nettie DeAugustine	Ruel Nollobo	S. Joanne Granai	David Pieribone
Whitney Engeran	Everardo Orozco	Shawn Griffin	Jacqueline Rurangirwa
Hugo Farias	Mario Pérez	Miki Jackson	William Strain
David Giugni	James Smith	Mike Johnson	Lanet Williams
Jeffrey Goodman	Ron Snyder	Michael Johnson	Juhua Wu
Richard Hamilton	Jocelyn Woodard	Lee Kochems	Dave Young
Brad Land/Dean Page	Fariba Younai	Brad Leathers	Roberta Young
Anna Long		Gabriela Leon	
Quentin O'Brien		Victor McKamie	COMMISSION STAFF/CONSULTANTS
Angélica Palmeros		Jane Price	
Gloria Pérez		Jill Rotenberg	Virginia Bonila
Wendy Schwartz		Steven Ruiz	Miguel Fernandez
James Skinner		Natalie Sanchez	Jane Nachazel
Peg Taylor		Robert Taylor	Glenda Pinney
Gilbert Varela		Patricia Woody	Doris Reed
Kathy Watt			James Stewart
			Craig Vincent-Jones
			Nicole Werner

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:00 a.m. Quorum achieved by 9:10 am.
 - Roll Call (Present):** Acosta, Baumbauer, Braswell, Butler, Chavez, Farias, Giugni, Goodman, Land, Palmeros, Skinner, Taylor, Watt
- APPROVAL OF AGENDA:**
 - MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**
 - MOTION #2:** Approve the minutes from the January 11, 2007 Commission meeting (*Passed by Consensus*).

4. PARLIAMENTARY TRAINING: Mr. Stewart noted that those most in need of a reminder on attendance were absent.

5. PUBLIC COMMENT, NON-AGENDIZED:

- Mr. Bezar, President, Interactive Consulting Group Incorporated, said the technology company is in the process of building a medical tool that can be used in a number of fields. It permits telephones to interactively schedule appointments or follow activities. The tool can, for example, allow a clinician to pose questions and receive clients' answers. Application has been made for federal grants so clinicians participating early may be eligible for payment. Contact him for additional information.
- Ms. Granai introduced herself as the new SPN Coordinator for SPA 1.
- Ms. Rotenberg invited all to the SPA 4 SPN monthly lunch meeting on February 15th, Central City Community Outreach site, 6th and San Pedro, in downtown Los Angeles. There will be HIV LA Resource Directory training for providers.
- Ms. Price requested that all Commission applicants for SPA 6 come through the SPN since they have a vetting process. Mr. Butler replied that the Open Nominations Process requires the Commission to accept all applications. Mr. Vincent-Jones said applicants most often come through the SPN. When they do not, the SPN is notified and letters of recommendation are welcome. Mr. Butler suggested Ms. Price provide staff with a copy of their process to ensure good communication.
- Mr. Farias noted that OAPP has requested lead agencies to ensure that two candidates are referred to the Commission, as per the Open Nominations Process requirements.

6. COMMISSION COMMENT, NON-AGENDIZED:

- Mr. Braswell reminded Commissioners who had not yet done so to sign and submit their pledge to participate in membership recruitment.
- Mr. Goodman introduced Anthony Bongiorno from SPA 5.
- Mr. Land expressed concern about how Medi-Cal and the Return-to-Work program interact. Some of the declarations pertaining to Medi-Medi appear to require PWH/A to decline access to ADAP or Medi-Cal. It appears that a person may not purchase into the Medicaid program and pay a premium if one is Medi-Medi and on Long-Term Disability and Social Security or SSDI. He requested that the Commission address this. It applies to about 3,000 PWH/A in Los Angeles County and could help them close their "donut hole." Ms. Taylor said she was not familiar with the specifics of the subject, but suggested raising it with Julie Cross.
- Mr. Butler elaborated that there is a Medi-Cal program to assist those with Medi-Cal and a share of cost. The share of cost can be covered by a monthly premium for those who live in a County with a managed care Medi-Cal system. The forms sent, however, all relate to Return to Work. Neither state Medi-Cal nor LA County social services have clarified the situation.
- ➡ The matter was referred to the Standards of Care (SOC) Committee first since it is charged with review of all care issues. It was agreed that, if necessary, SOC may refer it to the Public Policy Committee.
- Mr. O'Brien noted that the Governor has put forward a proposal for universal health care coverage. He recommended everyone be aware of its development and how it interacts with the Commission's concerns.
- Mr. Land said it was important to facilitate communication about Ryan White meetings and to ensure consumer participation.
- ➡ Ms. Watt requested Operations to agendize attendance follow-up for the next Commission meeting.

7. PUBLIC/COMMISSION COMMENT FOLLOW-UP: Mr. Vincent-Jones clarified, in response to a question from Mr. Page, that the Finance and Recruitment, Diversity and Bylaws Committees meetings would be revised once the Commission had voted on the potential By-law change.

8. CO-CHAIRS' REPORT:

A. By-laws: Committee Structure Reorganization:

- Ms. Bailey noted that the By-law change had been open for public comment for one month.
- Ms. Broadus requested a summary of the changes. Mr. Vincent-Jones explained that the Finance Committee was being eliminated. Its planning functions were moved to the Priorities and Planning Committee. Its administrative functions were being moved to the Recruitment, Diversity and By-Laws (RD&B) Committee, renamed Operations.
- Both Mr. Land and Mr. Butler agreed that the Committees receiving the functions agreed to the change.
- It was noted that a roll call vote is required to revise By-laws.

MOTION #3: Adopt the recommended By-law revisions, as presented (*Passed: 20 Ayes; 0 Opposed; 0 Abstentions*).

B. Committee Interest Form:

- Ms. Bailey noted that the forms in the packets facilitate Commissioners' input on their committee assignments. Mr. Vincent-Jones encouraged all to fill out a form, even those pleased with their current assignments. Preference in assignments is always considered.
- Mr. Vincent-Jones noted that the By-laws designate committee assignments as a Co-chair responsibility. They work to assign people in a fair and balanced manner. To the extent possible, the committees need a membership balanced in experience, skills, demographics and backgrounds.

- ➡ Mr. Acosta said it would be helpful for the Commission to send letters to agencies expressing the importance of both Commission and Committee meetings. Mr. Vincent-Jones said Mr. Hamilton had also requested such letters. Ms. Watt said the PPC has found letters helpful. It was agreed to provide them.

9. EXECUTIVE DIRECTOR'S REPORT: Mr. Vincent-Jones noted that two tables have been added specifically for Service Provider Network (SPN) coordinators, who are required to attend.

10. STATE OFFICE OF AIDS REPORT:

- Ms. Taylor reported most staff had been attending the Title I Summit with planning council chairs or staff and grantees. The multi-day event was initiated about three years ago to encourage better communication and coordination.
- This year's Summit focused on follow-up to Reauthorization and planning for the Act's September 2009 sunset.
- The proposed funding for the Title II base was \$75.8 million but the bill was not addressed. Title II funds the consortia program, and partially funds some other programs and ADAP. The Senate might re-open the bill, possibly to add funds for Transitional Grant Areas (TGAs).
- TGAs will receive their formula allocations. They will not be held harmless, however, so are likely to experience substantial cuts. In California, only Los Angeles, San Francisco and San Diego remain as full EMAs; the other six EMAs are now considered TGAs.
- While additional funds for TGAs would be helpful, re-opening the bill might risk a \$30 million transfer from CDC's prevention program to HRSA for Coburn's Early Diagnosis Grant Program. On the other hand, no state is currently eligible to receive funds under that proposed program.
- Ms. Taylor said reorganization was in progress. The Office of AIDS (OA) will be moved to the Department of Public Health as of July 1st. Medi-Cal and some of the other direct care programs will be in the Department of Health Care Services. She confirmed that both will still report to the Secretary of Health and Human Services.
- No one has been appointed yet as the permanent director of the Office of AIDS.
- CareHIPP is increasing the ceiling for private family premiums to \$200 per month. It is designed to help maintain eligibility for insurance.
- There is \$2 million in the governor's budget to enhance surveillance and HIV names reporting. While activities to be funded are not yet defined, proposed funding for surveillance is good.
- Mr. Land suggested a letter to all current or former ADAP recipients to advise them that they must re-enroll even if they believe they are not eligible or have signed a declination of it. Ms. Taylor said she would pass along the suggestion.
- Once the Title II base and ADAP allocations are known, OA will review what can be done to mitigate funding gaps for EMAs and TGAs.
- Mr. O'Brien asked if there had been any discussion of how Ryan White Title II would integrate with the Governor's Health Care Act. Ms. Taylor responded that it had not yet been brought up.
- Mr. Butler expressed concern that discussions not precede HRSA facts. Mr. Vincent-Jones said the HRSA was scheduling a conference call. He cautioned, however, that even HRSA could not answer all questions now. The Commission's Public Policy presentation would summarize the best available information, but information was bound to evolve.

11. OFFICE OF AIDS PROGRAMS AND POLICY REPORT: There was no additional report.

12. HIV EPIDEMIOLOGY PROGRAM REPORT: There was no report.

13. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Ms. Watt reported that the research presentation at the February 1st meeting was on the lives and HIV risk behaviors of male-to-female transgender youth in Los Angeles and Chicago. It was the preliminary report of the first run through the data.
- Presentations this year, as was this one, are aimed to help inform the new prevention plan. All committees are working on the next prevention plan. All are welcome to attend and participate.
- Dr. Green provided a primer on epidemiology to help members better understand the data and charts. The presentation was so helpful that it has been incorporated into PPC orientation and will be presented quarterly.
- Mr. Giugni reported that Dr. Green and Sophia Rumanes, Governmental Co-Chairs, provided input for the annual progress report for the CDC. The PPC will be working with OAPP to prepare the report.
- Ricki Rosales and Terry Smith were approved by PPC to be the UCHAPS alternate representatives.
- Ms. Watt noted Public Comment included significant information on February events for the National Black HIV/AIDS Awareness Day. She encouraged everyone to participate.
- Dr. Fenton, Director, CDC HIV, STD, TB and Hepatitis, was meeting with different County and health representatives. He was scheduled for a reception that afternoon with the seven directly funded agencies in Los Angeles County and

representatives from Orange County and San Diego. UCHAPS has been encouraging a visit to each jurisdiction to best evaluate each area.

- Ms. Watt announced she had been appointed to a UCHAPS Committee charged with developing an interim guidance for community prevention planning. This is designed to bridge the gap between now and 2009. It is due in April.
- Mr. Giugni said the Evaluation Subcommittee had an ad hoc group working with the Commission on the upcoming joint community needs assessment. The third draft of the prevention portion of the survey tool has been submitted to the Commission. Mr. Vincent-Jones added that the survey should be completed the following next week. The next step would be development of purchase orders and related logistical activities. He thanked Dr. Long for facilitating the procurement of temporary interviewers. Mr. Giugni added that PPC member and Commission nominee Lee Kochems had worked on the survey tool.

14. TASK FORCE REPORTS:

- A. Commission Task Forces:** There were no reports.
- B. Community Task Forces:** There were no reports.

15. SPA/DISTRICT REPORTS:

- Mr. Hamilton said he understood that SPN Coordinators were supposed to attend the Commission meeting. He asked if that was happening since there had been concerns about information getting back to the SPAs.
- ➡ Mr. Vincent-Jones confirmed it was part of the providers' contracts. He said Commission staff had agreed to provide a summary of the meeting to send to both the coordinators and Commissioners as a means of ensuring consistent information dissemination from the Commission meetings.

17. STANDING COMMITTEE REPORTS:

A. Recruitment, Diversity and Bylaws (RD&B) Committee:

1. Member Nominations:

- Candidates Mike Johnson, an attorney from Long Beach, and Lee Kochems, Associate Director of the Center for Behavioral Research and Services at Cal State Long Beach and PPC member, introduced themselves.
- Both Ms. DeAugustine and Mr. Engeran complimented the work of both candidates in the Long Beach community.
- Ms. Broadus asked about terms. She also noted that Ms. Mendia did not identify as a consumer. Mr. Vincent-Jones clarified that Ms. Mendia is not an "unaffiliated consumer" because she works for a contracted provider. Mr. Butler replied that Ms. Mendia was nominated for an alternate seat. Alternates do not need to be consumers.
- She expressed concern about use of recommending bodies for district seats. The 2nd District has a coalition, she said, and had nomination recommendations.
- Ms. Watt commended RD&B. She expressed excitement about greater crossover between care and prevention with Mr. Kochems and Ms. Mendia's candidacies as well as Ms. Mendia's dedication and representation of the transgendered community.
- Mr. Butler noted that the Open Nominations Process has been used for about six years and is highly advertised.
- All terms either have already expired or will do so in June 2007. Current commissioners who intend to re-apply for their seats need to complete and submit their renewal applications promptly. For seats that have already expired, new terms will end in June 2008. For terms ending in June 2007, new terms will end in June 2009.
- Applicants are not always placed in their first choice seat based on the needs of the overall Commission. RD&B is responsible for assigning seats. It discusses changes with applicants and represented bodies.
- Ms. Broadus suggested the new Operations Committee seek additional ways to ensure that consumer voices throughout districts are represented so that more developed areas like Long Beach are not overly dominant.
- Mr. Engeran asked how quickly the Board would vote on the nominations. Mr. Vincent-Jones replied that nominations are usually acted on by the Board within 10 days unless the Board's monthly finance meeting or another special meeting intervenes.

MOTION #4: Forward the nomination of Mike Johnson to the Board of Supervisors for appointment to the Consumer District 4 seat (*Passed by Consensus*).

MOTION #5: Forward the nomination of Lee Kochems to the Board of Supervisors for appointment to the SPA 8 Provider Representative seat (*Passed by Consensus*).

MOTION #6: Forward the nomination of Elizabeth Mendia to the Board of Supervisors for appointment to the Consumer District 4 Alternate seat (*Passed by Consensus*).

MOTION #7: Forward the nomination of Chris Villa to the Board of Supervisors for appointment to the SPA 7 Provider Representative seat (*Passed by Consensus*).

2. **Membership Recruitment:** Mr. Butler said the Executive Committee had concurred with the focus of developing a comprehensive training program in conjunction with OAPP. Technical assistance from an educational specialist may be necessary.
3. **Member Duty Statements: Introduced:** No comments were received on the statement since last month.
MOTION #8: Adopt the proposed Title IV Member Duty Statement, as presented (*Passed by Consensus*).
4. **Member Duty Statements: New:** The Title III Member Duty Statement was introduced for 30-day public comment.

B. Public Policy Committee:

1. **CARE Act Reauthorization:**
 - Ms. Schwartz opened a PowerPoint with a review of the CARE Act's history from its first enactment in 1990. It was re-authorized in 1996, 2000 and 2006, but will sunset on September 30, 2009.
 - Emerging epidemics in rural and southern areas bring new needs and new political influence to the table despite flat funding. The shift to HIV reporting brings additional unknowns to the table since states vary in implementation.
 - Mr. Baker noted the new mandate to spend 75% of Title I and II on "Core Medical Services". EMAs are limited to 2% of formula in carry-over funds with loss of the supplemental above that. MAI will now be competitively bid.
 - California will use its code-based data as of 2006 for the remaining life of the legislation. LA County has approximately 14,000 case reports. While HIV Epidemiology has worked to avoid duplication, a 5% penalty has been incorporated into the legislation for those states using code-based data to protect against duplication.
 - A waiver can be requested from the 75% requirement, but the process is not in place and may not be available in 2007. Requirements may include no ADAP wait list and that core medical services are available to all eligible clients.
 - While clarity on aspects of the legislation is desirable, it should be kept in mind that some room for interpretation may also be desirable. For example, OAPP staff had some discussions while in Washington that indicated a potentially liberal definition of Case Management that could allow Psychosocial Case Management to be included in the core medical services.
 - Medical Nutritional Therapy was included in final language but has not yet been defined.
 - The other support services eligible for the remaining 25% of funding have not been strictly defined except that they are needed to achieve medical outcomes, e.g., respite care, medical transportation and linguistic services.
 - The legislation distinguishes between EMAs (3,000 AIDS cases within five years) and the new Transitional Grant Areas (TGAs, 1,000 AIDS cases within five years). TGAs are previous EMAs or "emerging communities", "Tiers 2 and 3" in previous versions of the legislation. TGAs have no hold harmless protection and, while previous EMAs retain a planning council, the CEOs of new TGAs may choose not to have one.
 - The 2000 CARE Act used Estimated Living AIDS Cases (ELAC) diagnosed within the previous ten years and adjusted for expected mortality to determine 50% of formula funds. California counted 11.7% of the national AIDS epidemic as of December 31, 2004 by that definition. Under the legislation, all living HIV and AIDS cases are counted with a transition plan for conversion to name-based and a 5% duplication penalty for 66% of the formula award. Using the same data, California increased to 13.1% of the national epidemic, the largest difference between estimated and actual in the country. Comparatively, California would have received \$11,200,000 more in 2006 ADAP funds under the new formula.
 - The hold harmless caps loss over the next three years at 5% of formula. Supplemental funds are one-third of the total, are competitive requiring demonstration of need, and are not protected by hold harmless.
 - The operational budget merges the administrative agency and planning council budgets within a 10% administrative cap. Responsibilities are the same.
 - Planning councils are now expected to represent individuals co-infected with Hepatitis B or C and members of Federally-recognized Indian tribes as represented in the population.
 - Ms. Schwartz noted that Title II has changed from formula only to add a supplemental portion. Hold harmless is treated consistently with Title I, and ADAP is still earmarked.
 - The CARE Act 2000 Title II formula distribution was 80% to all cases and 20% to all non-EMA cases. The legislation dictates 75% to all cases, 20% to all non-EMA cases, and 5% to 17 states without EMAs or TGAs.
 - There is no separate hold harmless in Title II, but 95% of FY 2006 in addition to ADAP is maintained.
 - Title II continues the 75% core medical/25% support services allocation. California's ADAP already exceeds 75%. A core list of antiretroviral drugs will be required of all ADAPs, but California's formulary already exceeds whatever minimum requirements that are eventually developed.
 - Awards this year are expected to be staggered, with formula about March 1st, supplemental sometime in April - June, and MAI in August.
 - There appears to be Congressional interest in working groups of "real people"; several members of the Commission indicated that planning councils already reflect that structure.

- Mr. Butler asked about the “tap” on supplemental funds. Mr. Vincent-Jones replied that hold harmless is funded off the top of supplemental funds. Large EMAs, like New York, have the potential of draining supplemental funds.
- Mr. Goodman asked about Program Support funding. Mr. Vincent-Jones replied that, having not been mentioned in the legislation, it would now need to be funded out of the administrative agency, planning council or quality management budgets.
- Mr. Land asked about the Title I Summit activities. Mr. Vincent-Jones reported that the nine EMAs agreed to jointly begin work on a California position in preparation for new legislation after the CARE Act sunsets in 2009. Another key discussion area was name-based reporting which resulted in a plan to develop an action plan including legislative and provider activities to get all data into the system by 2008. The date is based on projected HRSA requirements. Coordination in meeting the goal is essential due to its difficulty.
- Mr. Engeran added that Public Policy has formed a work group to prepare for the next iteration of the legislation. All are welcome. He added that EMAs reduced to TGAs are no longer on the same footing with Los Angeles, San Francisco and San Diego. There will be a political struggle to maintain unity with the varying needs.
- Mr. Page requested attendance information on upcoming Title I Summit meetings. Mr. Vincent-Jones replied that the state-sponsored Summits were not Brown Act-covered and were invitational. Managing Scarcity meetings are funded by foundations from the AIDS Partnership. While private, they generally invite five to ten planning council members from the jurisdictions.
- Mr. Land recommended that projections are estimated and a waiver be initiated now in case it is needed. Mr. Vincent-Jones responded that there was no procedure now to file a waiver, and any effort to initiate one might be premature. He added that projections were already being prepared and would be brought to P&P for its allocations work in February.
- Ms. Watt encouraged people to seek their own funding to participate in pertinent meetings and to sponsor consumer participation. She recently funded her own trip to Washington. Mr. Braswell noted it is harder for Western states to participate, leading to biased perceptions of need. Ms. Taylor said that was discussed at the Summit. Laura Thomas reported efforts to have Health Committee members hold stakeholder meetings in Western states.
- Mr. Butler noted there is a larger and larger gap between PWH and PWAs. The former experience the epidemic more as a clinical diagnosis while long-term survivors are dealing with significant treatment side effects.
- Mr. Braswell emphasized it was important to work together to defend the network of care that has been developed.

2. ***Name-Based HIV Reporting:***

- Mr. Vincent-Jones reported that it is generally believed that any subsequent iteration of the CARE Act starting in 2010 will expect EMAs to submit case reports in a name-based format. That means there is only about a two-year window to have mature HIV surveillance data for future funding formulae. Based on how the CDC compiles and uses data, that means a deadline of December 31, 2008. He noted that case reports are used to calculate prevalence upon which Title I, ADAP and Title II funding is based.
- Even if someone is already in the code-based system, s/he will not be counted in the name-based system until a new viral load is reported. PHS standards require everyone currently getting medical care to have quarterly viral loads, which would re-entered them into the names-based system. Providers need to comply with these rules to build the system.
- The HIV Epidemiology Program also needs to help providers. The Governor has requested \$2 million for extra surveillance staff to meet that need, though the amount may not be adequate. LA County has agreed to take the lead on that initiative.
- The Therapeutic Monitoring Program (TMP) for diagnostic testing is also running out of funds, he continued. Because these two are linked, advocacy should be coordinated for TMP testing and name-based surveillance needs.

C. Finance Committee:

1. ***OAPP Financial Information:***

- Mr. O'Brien noted the Committee did not meet since it is in the process of merging into Operations.
- Mr. Young continued his report from the previous month, which addressed LA County FY (July-June) 2004-05, with the LA County FY 2005-06. Materials were in the packet.
- The Actual report in the packet reflected salaries, employee benefits and services and supplies broken down into programs (90%), program support (6%) and administrative costs (4%).
- The Budget Walkthrough Summary provides historical information and adjustments either by OAPP or the CAO to the FY 2004-05 to arrive at the FY 2005-06 budget.
- Mr. Engeran asked about balancing the budget. Mr. Young replied that the LA County “maintenance of effort” is \$15,901,000. That, along with projected state and federal revenues, is the LA County directed budget cap.

- Ms. Broadus asked about “other revenue” and if revenues can be drawn in advance. Mr. Young said quarterly invoices are submitted to the state for actual expenses. Federal funds are drawn electronically per monthly expenses. “Other revenue” is \$75,000 from the Sheriff’s Department for an OAPP staff person working at the Central Jail.
- He noted that OAPP is budgeted for 242 positions. “Salary savings” reflects the adjustment for vacancies.
- Mr. Young replied to Ms. Broadus that “miscellaneous expense” reflects items not in the main line items. They are usually small, one-time expenses. “Fixed assets” are expenditures for a single item costing more than \$5,000.
- Ms. Broadus asked if the outgoing Finance Committee was satisfied with the material. Mr. O’Brien replied it was. This is the official budget. The function is moving to P&P for continued work tying the data into the planning cycle.
- All commended Mr. Young and OAPP for the work that went into providing this level of information.
- Mr. Engeran acknowledged that movement happens during the year. He asked how OAPP identifies and responds to it so that the Commission can participate in addressing shortfalls more effectively than last happened.
- Mr. Young responded that OAPP develops full-year projections. If an unexpected cut occurs, options are reviewed. Funds might be accessed from multiple funding sources. For example, both Title I and state funds might be available for substance abuse contracts. That could delay running out of grant dollars. He noted that the Title I financial reports detail expenditures, though he was not certain how the CDC or NCC costs could be reviewed.
- Mr. Engeran encouraged communication on the entire funding picture. LA County chose to backfill a particular service when shortfalls resulted in a projected 3% cut in services. With better coordination, the Commission might choose to shift funds to areas not being backfilled in future. Mr. Young said it should help that the financial reports have been revised to reflect revenue streams besides Titles I and II.
- Mr. Young called attention to schedules reflecting funding from the CDC, state and NCC. The CDC term is January through December so, in order to reflect the various sources, he provided the same time from each source.
- Mr. Engeran thanked Mr. Young and OAPP noting that this level of transparency would not have been possible in the past, and it reflected a greater commitment to collaboration and partnership between OAPP and the Commission.

2. **Financial Reports:**

- Mr. Young said he would be working with P&P to further enhance the new Title I and II Expenditures by Service Categories format. It will show how funds are allocated and what other resources are used.
- Mr. O’Brien called attention to the matrix in the packet developed to monitor assignments to OAPP. He added that folding this complex work into P&P will enhance planning.
- All thanked Mr. O’Brien for his work as Finance Committee Co-Chair. Mr. Young also thanked the Committee.

D. Priorities and Planning (P&P) Committee:

1. **Year 17 Priority- and Allocation-Setting:** Mr. Land noted that the YR 17 allocation recommendations were finalized but had to be realigned in light of Reauthorization, as Finance had earlier committed to a reauthorized bill was signed. Modified allocation recommendations will be generated by the P&P Committee at its meeting on February 20th.
2. **Year 18 Priority- and Allocation-Setting:**
 - The SOC Committee has been studying the possibility of whether, and if so to what extent, Medical and Psychosocial Case Management might be merged more comprehensively. While the new HRSA definitions are not yet clear, it is important to advance the work.
 - The final determinations for YR 18 will be made in July or August. It is expected that the regulations and guidance will be available by then. Mr. Land noted that, unlike recent years, the timeline might require an August meeting.
3. **Systems Thinking Technical Assistance (TA):**
 - Ms. Watt called attention to the invitation for a series of system dynamics workshops on April 19-20 and May 17-18. “Systems thinking” is an innovative way of strategizing and implementing systems of care. It will focus on the LA County HIV/AIDS system of care
 - Mr. Vincent-Jones said space is limited and RSVPs required. Invitees include Commissioners, PPC members, SPN and CAB representatives, providers and consumers, and staff from the Commission, OAPP and HIV Epidemiology.
 - He noted that the April two-day session is the overview. The May two-day session is the actual work group to develop the model. The minimum reservation is for both days of the April session. There will be twice as many seats available for that session. It is a prerequisite for the May two-day session.
4. **Priority- and Allocation-Setting Training:**
 - The SPNs requested training and guidance regarding the Priority- and Allocations-Setting process at their coordinated meeting the prior month. The Commission has insufficient resources to do individual trainings in each of the SPAs, but will provide training after the March Commission meeting for all who would like to attend.
 - The training will be targeted to SPNs Coordinators though Commissioners, especially those who are new. SPN representatives will be expected to carry the information back to their bodies. Mr. Vincent-Jones noted that it is necessary to RSVP because space is limited and lunch will be served.

Commission on HIV Meeting Minutes

February 8, 2007

Page 8 of 9

- Ms. Broadus requested an update on unmet need developments. Mr. Land reported P&P has begun reviewing the report. Mr. Vincent-Jones added that staff was developing an action matrix. An Unmet Need Subcommittee, including interested parties from outside P&P, will be formed to address the work in the next few weeks.

E. Standards of Care (SOC) Committee:

1. **Case Management Review:** Ms. Palmeros reported that the review is ongoing. Ms. Jackson asked how the community would be involved. Mr. Vincent-Jones replied that a draft document for community involvement is being developed and would be disseminated around SPNs and community forums as a conversation point. The first meeting will be with the Case Management Task Force February 21st. Mr. Land added that the last SOC meeting was well attended by SPNs.
2. **Medical Outpatient Rate Studies:** There was no additional information.

18. COMMISSION COMMENT: There were no additional comments.

19. ANNOUNCEMENTS:

- It was announced that the AIDS Service Center is moving March 6th to 909 South Fair Oaks, Pasadena.
- Ms. Broadus announced that the 2nd District would meet February 12th from 10:00 am to 12:00 noon at Mt. Carmel. STIs among women of color will be discussed, including the HPV vaccine.
- Mr. Hamilton called attention to the continuing schedule of National Black HIV/AIDS Awareness Day activities in the packet. AIDS is still the #1 killer of African-American men and women. There was a human billboard and testing on February 7th. February 24th will be a men's breakfast and film, "Tough Guys", about men and violence. The panel discussion will highlight how spreading HIV in the community is an act of violence.
- Ms. Taylor announced that the next California HIV Planning Group meeting will be March 28-29 in Pasadena. This is the statewide prevention and planning group. Public comment time is set aside and people can also comment online.
- Mr. Braswell said Cedars-Sinai is doing a Women's Health Conference in March. People interested in a scholarship for the \$85 cost should contact him.

20. ADJOURNMENT: Mr. Braswell adjourned the meeting at 12:45 pm in memory of: Edgar Allen.

A. Roll Call (Present): Bailey, Baumbauer, Braswell, Broadus, Butler, Chavez, Crews-Rhoden, DeAugustine, Engeran, Farias, Goodman, Hamilton, Land, Long, O'Brien, Palmeros, Gloria Perez, Schwartz, Skinner, Taylor, Varela, Watt

Commission on HIV Meeting Minutes

February 8, 2007

Page 9 of 9

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the minutes from the January 11, 2007 Commission meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Adopt the recommended By-law revisions, as presented.	Ayes: Acosta, Bailey, Baumbauer, Braswell, Broadus, Butler, Chavez, Crews-Rhoden, Farias, Giugni, Goodman, Hamilton, Land, Long, O'Brien, Palmeros, Gloria Pérez, Schwartz, Skinner, Taylor Opposed: None Abstention: None	MOTION PASSED Ayes: 20 Opposed: 0 Abstention: 0
MOTION #4: Forward the nomination of Mike Johnson to the Board of Supervisors for appointment to the Consumer District 4 seat.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #5: Forward the nomination of Lee Kochems to the Board of Supervisors for appointment to the SPA 8 Provider Representative seat.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #6: Forward the nomination of Elizabeth Mendia to the Board of Supervisors for appointment to the Consumer District 4 Alternate seat.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #7: Forward the nomination of Chris Villa to the Board of Supervisors for appointment to the SPA 7 Provider Representative seat.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #8: Adopt the proposed Title IV Member Duty Statement, as presented.	<i>Passed by Consensus</i>	MOTION PASSED